

# Foster Family Home - Corrective Action Report

Provider ID: 1-586985

Home Name: Virginia Smith, CNA

558-A Halela St.,

Kailua

HI 96734

Review ID: 1-586985-12

Reviewer: Carrie Wakai

Begin Date: 1/10/2018

End Date: 2/21/2018

## Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a written plan of correction due to CTA by 2/10/18. *No corrective action plan submitted. CCFFH closed 2/21/2018.*

## Foster Family Home

### Background Checks

[17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(2)-APS/CAN lapsed for CG#1, was due on or before 3/11/17 and was done 10/9/17.

## Foster Family Home

### Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(7)-Current TB clearance not present for CG#1 and CG#2 in the Home's folder.

41(b)(8)-No current blood borne training present on CG#1.

Carrie Wakai RN  
Compliance Manager

Virginia Q. Smith  
Primary Care Giver

1-10-2018  
Date

1-10-2018  
Date